CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Article No. 7004 2510 0006 9726 6568

0 2 JUN 2006

Mr. Chad Ogle Action Auto Body LLC 1157 15<sup>th</sup> St. Des Moines, IA 50314

Dear Mr. Ogle:

RE:

1157 15<sup>th</sup> St.

Des Moines, IA 50314

EPA RCRA ID No. IAD102326278

We recently received information from the Iowa Department of Natural Resources regarding your Hazardous Waste Fee Form for calendar year 2005 activities at your facility. It is our understanding that the ownership of the property has changed. The previous owner notified the U. S. Environmental Protection Agency (EPA) that regulated hazardous wastes were generated at this location and they obtained the EPA ID Number referenced above.

If your company will be engaging in regulated waste activities at this location, you must notify this office using the enclosed Notification of Regulated Waste Activity form (EPA Form 8700-12). You may also use the form to inform us of the ownership change, or any other change in the information related to this facility. Please submit all correspondence and forms to my attention at the letterhead address within ten days.

We appreciate your assistance in keeping our records current and accurate. If you have any questions regarding this letter, please contact Mr. James Terry, working under a grant at EPA, at (913) 551-7958.

Sincerely,

Lisa V. Haugen RCRAInfo Coordinator RCRA Enforcement & State Programs Branch

Enclosure

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## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VII 901 NORTH 5TH STREET KANSAS CITY, KANSAS 66101

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Enclosure



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul>	A. Signature  X
Mr. Chad Ogle Action Auto Body LLC 1157 15 <sup>th</sup> St. Des Moines, IA 50314	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Arti 7004 2510 0006 9728	102595-02-M-154
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595-02-IN-154

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JUN 0 7 2006

Haugen - RESPEST

U.S. Postal Service™ CERTIFIED MAIL RECEIP (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com 0 2 JUN 2006 \$ Postage 9000 Certified Fee Postmark Here Return Receipt Fee (Endorsement Required) Restricted Patrician Fee 2510 (Endorseme Mr. Chad Ogle Total Por Action Auto Body LLC 4002 1157 15<sup>th</sup> St Sent To Des Moines, IA 50314 Street, Ar. or PO Bo. City, State, ZIP+4 See Reverse for Instructions

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PS Form 3800, June 2002